

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPIHARRISON

(Last Name)

454-393

(Identification Number)

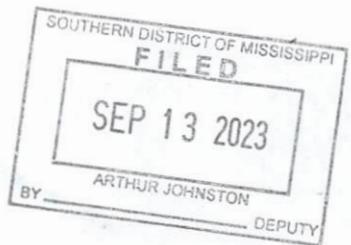
Desmond

(First Name)

Edward

(Middle Name)

COMPLAINT

Harrison County Adult Detention Center

(Institution)

10451 Larkinsmith Dr Gulfport Ms 39503

(Address)

(Enter above the full name of the plaintiff, prisoner, and address plaintiff in this action)

CIVIL ACTION NUMBER: 1:23cv233 LG-RPM

(to be completed by the Court)

V

HARRISON County Adult Detention Center
Vital Core Health Strategies

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No ()
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
1. Parties to the action: WAS over ten Years OR MORE ago N/A
 2. Court (if federal court, name the district; if state court, name the county): _____
 3. Docket Number: N/A
 4. Name of judge to whom case was assigned: N/A
 5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): N/A

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any.)

I. Name of plaintiff: Demond EHarrison Prisoner Number: 454-393 B-A 104
Address: 10451 Larkin Smith DR
Gulfport Ms 39503

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Harrison County Adult Detention Center is employed as
Grievance Officer / Medical Department at Harrison County
Sheriff Department

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Demond EHarrison ADDRESS: 10451 Larkin Smith DR
Gulfport Ms 39503

DEFENDANT(S):

NAME: Harrison County Adult ADDRESS: 10451 Larkin Smith DR
Detention Center
Gulfport Ms 39503
Harrison County Sheriff
Department
Vital Core Health Strategies

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No (✓)

B. Are you presently incarcerated for a parole or probation violation?

Yes () No (✓)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No (✓)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No (✓)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes (✓) No (), if so, state the results of the procedure: the first 2 steps I got NO Response then when I went for 3rd step they said that I was Responded to in which they never had

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes (✓) No ()

2. State how your claims were presented (written request, verbal request, request for forms): on Kiosk when I ask for grievance and written request

3. State the date your claims were presented: June 17, 2023, July 16, 2023^a, Aug 22, 2023^b

4. State the result of the procedure: No Response to June 17, 2023 OR July 16, 2023, Aug 22, 2023 got a message on Kiosk that was not in regard to original grievance or the 2nd grievance they never answered OR responded to.

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

On June 17 2023 As Caught on day Room Cameras about 4:25 - 4:35 As Caught on day Room T opened up Microwave on B-A section of the jail a bottle of hot water at top blew up face burning My Right Side of face and Neck, officer IS man called Medical, and I was told by Medical Staff that Responded that I was too black to See bruises and that they had nothing to treat a burn in the jail and Refused to treat me. At shift change the Lt Called Medical and was treated and put on Wound Care for 2 days. Every Attempt to Resolve this matter has resulted in a non response or disregard to my attempt for grievance steps see Kiosk 454393 RELIEF P.M 59 95 qrien vanafm onces enclosed

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.
- 100,000,000, and My charge of Agg assault
2023-053593 Docket No BF061-1369
~~drop~~ dismissed

Signed this 28 day of August, 2023.

Desmond Harrison 454393
10451 Larkin Smith DR 39503

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

August 28, 2023
(Date)

Desmond E Harrison
Signature of plaintiff